

Greenville GED® Testing Center Registration Form

(Revised 5/13)

PLEASE PRINT

Date: _____

Name: _____
Last First Middle/Maiden

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Age: ____ Social Security Number: ____/____/____

E-Mail Address: _____

Last School Attended: _____ Last Year of Attendance: _____
City and State: _____

Ethnicity:

Black Hispanic White Asian American Indian Islander Alaskan Native

Gender: Female Male

Date of Testing: (1st choice) _____ (2nd choice) _____

1st Time Tester: Yes No Continuing Testing? Yes No

Re-testing? Yes No

Continuing and Re-testers: Previous Testing Date ____/____/____

Check which test/tests you will be taking:

Science Math Language Arts, Reading

Language Arts, Writing Social Studies

Testing Fees:

SC Residents

\$80.00- full battery

\$20.00- per individual test

(if taking one test at a time)

\$16.00- each separate retest

Out of State Residents

\$160.00- full battery

\$40.00- per individual

\$32.00- each separate retest

**Payment Due At Time of Application
(No Personal Checks Accepted)**

**Make Money Order Payable To:
Lifelong Learning/GED Testing**

Testing Fees Are Not Refundable

INFORMATION RELEASE

I give my permission for the GED Testing Office to release testing information and scores to educational institutions, employer verifications, military inquires, technical colleges, and any and all other entities that my make a request, without further written permission.

Signature: _____

Transcript Request
I _____ request a copy of my GED test scores be sent to:
Name _____
Address _____

Examinee Signature (required) _____
Date _____

Signature (*required) _____

Items you must bring with you at time of Testing:
Valid State Issued Picture ID and your social security card

**GED Testing Center, Sullivan Center
206 Wilkins Street,
Greenville, SC 29605
(864) 355-3GED (3433)**